

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

Civil Lawsuit _____ Division

Jerry Somerset

Case No.

20

788

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Partners Pharmacy, LLC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

FILED

FEB 10 2020

By KATE BARKMAN, Clerk
Dep. Clerk

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jerry Somerset
Street Address	184 22nd Street
City and County	Irvington Essex County
State and Zip Code	New Jersey 07111
Telephone Number	862-294-8938-973-399-2576
E-mail Address	gman7225@hotmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name	Partners Pharmacy LLC
Job or Title <i>(if known)</i>	Pharmacy LLC. Represented by Cole Schotz P.C.
Street Address	50 Lawrence Road
City and County	Springfield Union County
State and Zip Code	New Jersey 07081
Telephone Number	877-931-9111
E-mail Address <i>(if known)</i>	myellin@coleschotz.com

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

28 U.S.C. 1441; 42 U.S.C. 12101, (N.J.S.A.10:5-12), The Americans with Disabilities Act of 1990 civil rights Violations; U.S. Employment and Labor Laws for Americans with Disabilities; False Claims Act, 31 U.S.C. 3729-3733, and N.J.S.A. 2A:32C-1 to 32C-18, contrary to the federal and states' "Whistleblowers Act"; 21 CFR Section 1308 of the Controlled Substance Act.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* Jerry Somerset, is a citizen of the State of *(name)* New Jersey.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* I _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, (name) Partners Pharmacy LLC, is incorporated under the laws of the State of (name) New Jersey, and has its principal place of business in the State of (name) New Jersey.
 Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:
 Loss of Supplemental Security Income of nearly \$8,000.00 Proceeds from more than \$100,000.00 and loss of business with certified skills and knowledge, of a \$100,000.00 and better yearly within a 4 year loss due to self-sufficiency interference of my business leaving me stagnant in fear.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Partners Pharmacy, LLC intentionally mislead in by using my vehicle to transport opiate drugs under interstate/intrastate activities in violation to federal and states' regulations, I was intentionally mislead contrary to the Federal False Claims as well as State of New Jersey False Claims Act, Partners Pharmacy, LLC used my vehicle for the purpose of providing controlled substance to federally fund medical facilities, which substance influence the opiate epidemic and National Health around the United States, I suffered emotional distress, lost of income, the unlawful of taking of my vehicle by Partners Pharmacy, LLC

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

1. Punitive Money Damages relief of \$75,000,000.00 for loss of human rights, 2. as an American with Disabilities as amended to be equal 3. Mental Distress 4. emotional abuse 5. Violation of my equity rights 6. Loss of Income 7. Unlawful taken of property 8. Impairment of a contract 9. Due process violation without procedure and accommodation under the American with Disabilities Act 10. Financial loss of investments, 11. Breach of contract of defendants obligation 12. Ex-parte hearing to deprive, scheme and commit fraud thru The United States mailing Service 13. Deprived of employment for self-sufficiency 14. Use of injunctions to avoid discovery procedures 15. Use of my investment to profit from opioid drug transporting's 16. Mental sleep deprivation 17. fear of business involvements 18. Constitution discriminations of the 5th and 14th Amendment of the blind.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

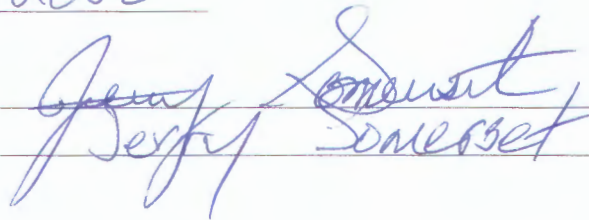
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2/5/2020

Signature of Plaintiff

Printed Name of Plaintiff


Jeffrey Somerset**B. For Attorneys**

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address